

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F96000006671

FILED  
May 05, 2006  
Secretary of State

Entity Name: THE PARK AT COUNTRYSIDE OPERATING COMPANY

**Current Principal Place of Business:**

1004 FARNAM ST  
SUITE 400  
OMAHA, NE 68102

**New Principal Place of Business:**

**Current Mailing Address:**

1004 FARNAM ST  
SUITE 400  
OMAHA, NE 68102

**New Mailing Address:**

FEI Number: 91-1836028

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( )

**OFFICERS AND DIRECTORS:**

Title: CFO ( ) Delete  
Name: DRAPER, MICHAEL J  
Address: 1004 FARNAM ST, SUITE 400  
City-St-Zip: OMAHA, NE 68102

Title: VPS ( ) Delete  
Name: HIATT, MARK A  
Address: 1004 FARNAM ST, STE 400  
City-St-Zip: OMAHA, NE 68102

Title: D ( ) Delete  
Name: BELL, C ROBERTS  
Address: 1004 FARNAM ST, STE 400  
City-St-Zip: OMAHA, NE 68102

Title: D ( ) Delete  
Name: ROSKENS, RONALD  
Address: 1004 FARNAM ST, STE 400  
City-St-Zip: OMAHA, NE 68102

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARK A. HIATT

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05/05/2006

Electronic Signature of Signing Officer or Director

Date